



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: ASHOK PATEL AND HONGJUN ZHANG  
For : APPARATUS, AND ASSOCIATED METHOD, FOR FACILITATING INITIATION  
OF CHANNEL ALLOCATION TO COMMUNICATE DATA IN A RADIO  
COMMUNICATION SYSTEM  
U.S. Serial No.: 10/775,609  
Filed: FEBRUARY 10, 2004  
Group Art Unit: 2681  
Examiner: NOT YET ASSIGNED  
Docket No.: 1578.101 (PUS1472)  
Customer ID: 44208

Mail Stop Petition  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to:

Mail Stop Petition  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 7, 2005

  
Lilis Pramasurja

**REQUEST FOR RECONSIDERATION OF PETITION**  
**UNDER 35 U.S.C. § 116 AND 37 C.F.R. § 1.47(a)**

Dear Sir:

Request for Reconsideration of Petition is hereby made pursuant to 35 U.S.C. § 116 and 37 C.F.R. § 1.47(a) to make the above-identified patent application on behalf of a joint inventor, Hongjun Zhang, who is unavailable to join in the application for patent.

The undersigned practitioner states and avers the following pertinent facts:

1. I am a patent attorney, USPTO registration number 33,922.
2. I prepared the subject patent application on behalf of Research in Motion, Limited, a Canadian Company having a place of business at 295 Phillip Street, Waterloo, Ontario, N2L 3W8.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10-3-05</u>		2 Serial/Patent # <u>10/775,609</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	<u>IFW</u>	<u>7-11-05</u>	\$ <u>200</u>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>200</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> </tr> </table>			5	0	--	2	0	3	2
5	0	--	2	0	3	2					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Charles S. Brantley</u>		TITLE: <u>Petitions Att'y</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-3203</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>10/6/05</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*